

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

LIEUTENANT COLONEL OLIVER JENKINS FOR CONGRESS

ADDRESS (number and street)

P.O. BOX 2017

Check if different  
than previously  
reported. (ACC)

SHREVEPORT

LA

71166

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00609339

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

STATE ▼ DISTRICT

LA

04

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y  
11 / 08 / 2016in the  
State of

LA

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y  
10 / 01 / 2016

through

M M / D D / Y Y Y Y  
10 / 19 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Clark, Cloyce, C., III

Type or Print Name of Treasurer

Signature of Treasurer

Clark, Cloyce, C., III

[Electronically Filed]

Date

M M / D D / Y Y Y Y  
10 / 27 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office  
Use  
Only**FEC FORM 3**  
(Revised 05/2016)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 2 / 26

Write or Type Committee Name

## LIEUTENANT COLONEL OLIVER JENKINS FOR CONGRESS

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 0 | 1 |   | 2 | 0 | 1 | 6 |

To:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 1 | 9 |   | 2 | 0 | 1 | 6 |

|  | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)  |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....  | 17586.00                | 413839.60                          |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....  | 0.00                    | 250.00                             |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)) .....                            | 17586.00                | 413589.60                          |
| 7. Net Operating Expenditures  |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....   | 274138.52               | 483653.69                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....   | 0.00                    | 0.00                               |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)) .....                                      | 274138.52               | 483653.69                          |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....  | 329935.91               |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 400000.00               |                                    |

### For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 05/2016)

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Write or Type Committee Name

**LIEUTENANT COLONEL OLIVER JENKINS FOR CONGRESS**

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
10 / 01 / 2016

To:

M M / D D / Y Y Y Y  
10 / 19 / 2016

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:****(a) Individuals/Persons Other Than Political Committees**

(i) Itemized (use Schedule A).....

16050.00

399457.60

(ii) Unitemized.....

1536.00

11331.00

(iii) TOTAL of contributions from individuals ▶

17586.00

410788.60

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees (such as PACs).....**

0.00

3051.00

**(d) The Candidate.....**

0.00

0.00

**(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..**

17586.00

413839.60

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:****(a) Made or Guaranteed by the Candidate.....**

0.00

400000.00

**(b) All Other Loans.....**

0.00

0.00

**(c) TOTAL LOANS (add Lines 13(a) and (b)).....**

0.00

400000.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶**

17586.00

813839.60

**DETAILED SUMMARY PAGE**

FEC Form 3 (Revised 05/2016)

of Disbursements

PAGE 4 / 26

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....  | 274138.52                     | 483653.69                          |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:   |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 0.00                               |
| (b) Of All Other Loans .....   | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 0.00                               |
| 20. REFUNDS OF CONTRIBUTIONS TO:   |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 0.00                          | 250.00                             |
| (b) Political Party Committees.....  | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs) .....                       | 0.00                          | 0.00                               |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                          | 250.00                             |
| 21. OTHER DISBURSEMENTS .....  | 0.00                          | 0.00                               |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 274138.52                     | 483903.69                          |

**III. CASH SUMMARY**

|   |           |
|---|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 586488.43 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 17586.00  |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 604074.43 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 274138.52 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 329935.91 |

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5 OF 26

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**LIEUTENANT COLONEL OLIVER JENKINS FOR CONGRESS**

|   |             |                                     |  |  |
|---|-------------|-------------------------------------|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>Anderson, William, G., ,</b>  |             |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>10 05 2016 |  |
| Mailing Address 333 Texas St.<br>Suite 2020   |             |                                     | <b>Transaction ID : SA11AI.5493</b>                    |  |
| City<br>Shreveport  | State<br>LA | Zip Code<br>71101                   | Amount of Each Receipt this Period<br>1000.00          |  |
| FEC ID number of contributing federal political committee.<br>C   |             |                                     |  |  |
| Name of Employer<br>Anderson Feazel Management  |             | Occupation<br>Oil and Gas           |  |  |
| Receipt For: 2016<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>1000.00 |  |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>Balentine, Ralph, D., ,</b>   |             |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>10 18 2016 |  |
| Mailing Address 33 Chez Moi Dr.   |             |                                     | <b>Transaction ID : SA11AI.5497</b>                    |  |
| City<br>Shreveport  | State<br>LA | Zip Code<br>71111                   | Amount of Each Receipt this Period<br>500.00           |  |
| FEC ID number of contributing federal political committee.<br>C   |             |                                     |  |  |
| Name of Employer<br>Balentine Ambulance   |             | Occupation<br>Owner                 |  |  |
| Receipt For: 2016<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>500.00  |  |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>Boruff, Katherine, , ,</b>  |             |                                     | Date of Receipt<br>M M / D D / Y Y Y Y Y<br>10 04 2016 |  |
| Mailing Address 6445 Lake Circle  |             |                                     | <b>Transaction ID : SA11AI.5504</b>                    |  |
| City<br>Dallas  | State<br>TX | Zip Code<br>75214                   | Amount of Each Receipt this Period<br>250.00           |  |
| FEC ID number of contributing federal political committee.<br>C   |             |                                     |  |  |
| Name of Employer<br>Homemaker   |             | Occupation<br>Homemaker             |  |  |
| Receipt For: 2016<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date ▼<br>250.00  |  |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶   |             |                                     | 1750.00  |  |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶   |             |                                     |  |  |

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**LIEUTENANT COLONEL OLIVER JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**Brandon Group International**

Mailing Address PO Box 3081

City

Shreveport

State

LA

Zip Code

71133

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☐ Primary  
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 18 2016

Transaction ID : SA11AI.5502

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
donation

Full Name (Last, First, Middle Initial)

**Campbell, Lynne, Tyrrell, ,**

Mailing Address 5995 Riverview Way

City

Houston

State

TX

Zip Code

77057

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

retired

retired

Receipt For: 2016

☐ Primary  
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 03 2016

Transaction ID : SA11AI.5508

Amount of Each Receipt this Period

100.00

☐ Memo Item  
donation

Full Name (Last, First, Middle Initial)

**Campbell, William, Jefferson, ,**

Mailing Address 6011 Crab Orchard Rd

City

Houston

State

TX

Zip Code

77057

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Self

Oil and Gas

Receipt For: 2016

☐ Primary  
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 01 2016

Transaction ID : SA11AI.5509

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
donation

**SUBTOTAL** of Receipts This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2100.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|   |                              |                              |                              |                             |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

**LIEUTENANT COLONEL OLIVER JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Chenault, Carol, C., ,**

Mailing Address 4005 Nenana Dr

City

Houston

State

TX

Zip Code

77025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CTK Enterprises, Inc.Occupation  
Small royalty owners

Receipt For: 2016

☐ Primary  
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 0 | 3 |   | 2 | 0 | 1 | 6 |

Transaction ID : SA11AI.5515

Amount of Each Receipt this Period

500.00

☐ Memo Item  
donation

Full Name (Last, First, Middle Initial)

**B. Chenault, Carol, C., ,**

Mailing Address 4005 Nenana Dr

City

Houston

State

TX

Zip Code

77025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CTK Enterprises, Inc.Occupation  
Small royalty owners

Receipt For: 2016

☐ Primary  
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 1 | 9 |   | 2 | 0 | 1 | 6 |

Transaction ID : SA11AI.5513

Amount of Each Receipt this Period

500.00

☐ Memo Item  
donation

Full Name (Last, First, Middle Initial)

**C. Crawford, Robert, , ,**Mailing Address 333 Texas St  
Suite 2300

City

Shreveport

State

LA

Zip Code

71101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Atco InvestmentsOccupation  
Investments

Receipt For: 2016

☐ Primary  
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

1500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 1 | 7 |   | 2 | 0 | 1 | 6 |

Transaction ID : SA11AI.5516

Amount of Each Receipt this Period

500.00

☐ Memo Item  
donation**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

1500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**LIEUTENANT COLONEL OLIVER JENKINS FOR CONGRESS**

|   |             |                                   |  |  |  |
|---|-------------|-----------------------------------|--|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>Eastman, Frank, A., ,</b>   |             |                                   | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>10 / 11 / 2016 |  |  |
| Mailing Address 4460 Thomas Lane  |             |                                   | <b>Transaction ID : SA11AI.5517</b>                          |  |  |
| City<br>Beaumont  | State<br>TX | Zip Code<br>77706                 | Amount of Each Receipt this Period<br>1000.00                |  |  |
| FEC ID number of contributing federal political committee.<br>C   |             | Memo Item donation                |  |  |  |
| Name of Employer<br>Retired   |             | Occupation<br>Retired             |  |  |  |
| Receipt For: 2016<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>1000.00 |  |  |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>Friestad, Scott, , ,</b>  |             |                                   | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>10 / 05 / 2016 |  |  |
| Mailing Address 579 N. Marlborough Cir.   |             |                                   | <b>Transaction ID : SA11AI.5519</b>                          |  |  |
| City<br>Shreveport  | State<br>LA | Zip Code<br>71106                 | Amount of Each Receipt this Period<br>1000.00                |  |  |
| FEC ID number of contributing federal political committee.<br>C   |             | Memo Item donation                |  |  |  |
| Name of Employer<br>Friestad Realt  |             | Occupation<br>Owner               |  |  |  |
| Receipt For: 2016<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>1000.00 |  |  |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)<br><b>Galiski, John, , ,</b>  |             |                                   | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>10 / 01 / 2016 |  |  |
| Mailing Address 325 N. End Ave<br>Apt 20A   |             |                                   | <b>Transaction ID : SA11AI.5523</b>                          |  |  |
| City<br>New York  | State<br>NY | Zip Code<br>10282                 | Amount of Each Receipt this Period<br>250.00                 |  |  |
| FEC ID number of contributing federal political committee.<br>C   |             | Memo Item donation                |  |  |  |
| Name of Employer<br>Best efforts  |             | Occupation<br>Best efforts        |  |  |  |
| Receipt For: 2016<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>250.00  |  |  |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional).....   |             |                                   | 2250.00  |  |  |
| <b>TOTAL</b> This Period (last page this line number only).....   |             |                                   | 2250.00  |  |  |



# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 26

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**LIEUTENANT COLONEL OLIVER JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Gathright, Cary, K., ,**

Mailing Address 1923 W. 73rd St.

City

Tulsa

State

OK

Zip Code

74132

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Owner

Occupation

Self-employed

Receipt For: 2016

☐ Primary  
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 03 2016

Transaction ID : SA11AI.5521

Amount of Each Receipt this Period

250.00

☐ Memo Item  
donation

Full Name (Last, First, Middle Initial)

**B. Glocker, Regina, , ,**

Mailing Address 35 E. 68th St.

City

New York

State

NY

Zip Code

10065

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Exchange Place Partners

Occupation

Recruiter

Receipt For: 2016

☐ Primary  
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 04 2016

Transaction ID : SA11AI.5525

Amount of Each Receipt this Period

250.00

☐ Memo Item  
donation

Full Name (Last, First, Middle Initial)

**C. Herrick, John, F., , Jr.**

Mailing Address 2723 Ashley Rd

City

Shaker Heights

State

OH

Zip Code

44122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self

Occupation

Managment

Receipt For: 2016

☐ Primary  
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 07 2016

Transaction ID : SA11AI.5531

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
donation

**SUBTOTAL** of Receipts This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1500.00

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 26

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**LIEUTENANT COLONEL OLIVER JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**LB Interests, LLC**

**A.**

Mailing Address 910 S. Acadian Thruway

City

Baton Rouge

State

LA

Zip Code

70806

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☐ Primary  
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 05 2016

Transaction ID : SA11AI.5541

Amount of Each Receipt this Period

2700.00

☐ Memo Item  
donation

Full Name (Last, First, Middle Initial)

**McBeath, Carl, , ,**

**B.**

Mailing Address 6995 Dixie Shreveport Rd

City

Shreveport

State

LA

Zip Code

71107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Balentine Ambulance

President

Receipt For: 2016

☐ Primary  
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 18 2016

Transaction ID : SA11AI.5623

Amount of Each Receipt this Period

500.00

☐ Memo Item  
donation

Full Name (Last, First, Middle Initial)

**McInnis, George, E, ,**

**C.**

Mailing Address 3035 Bear Point Dr.

City

Panama City Beach

State

FL

Zip Code

32408

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

McInnis Bros.

Owner

Receipt For: 2016

☐ Primary  
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 03 2016

Transaction ID : SA11AI.5543

Amount of Each Receipt this Period

500.00

☐ Memo Item  
donation

**SUBTOTAL** of Receipts This Page (optional)..... ▶

3700.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 26

|   |                              |                              |                              |                             |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

**LIEUTENANT COLONEL OLIVER JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A.** **Mijalis Investments LLC**  
Mailing Address 1192 Hawn AveCity  
ShreveportState  
LAZip Code  
71107FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2016

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 06 |   |   | 2016 |   |   |   |

Transaction ID : SA11AI.5628

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
donation

Full Name (Last, First, Middle Initial)

**B.** **Sample, Arthur, , ,**  
Mailing Address 729 Coachlight RdCity  
ShreveportState  
LAZip Code  
71106FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Best efforts

CPA

Receipt For: 2016

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 17 |   |   | 2016 |   |   |   |

Transaction ID : SA11AI.5551

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
donation

Full Name (Last, First, Middle Initial)

**C.** **Scott, Jacqueline, , ,**  
Mailing Address 401 Hamilton Rd.  
Suite 110City  
Bossier CityState  
LAZip Code  
71111FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Jacqueline Scott &amp; Assoc

Attorney

Receipt For: 2016

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

|    |   |   |    |   |   |      |   |   |   |
|----|---|---|----|---|---|------|---|---|---|
| M  | M | / | D  | D | / | Y    | Y | Y | Y |
| 10 |   |   | 18 |   |   | 2016 |   |   |   |

Transaction ID : SA11AI.5621

Amount of Each Receipt this Period

500.00

☐ Memo Item  
donation
**SUBTOTAL** of Receipts This Page (optional)..... ▶

2500.00

**TOTAL** This Period (last page this line number only)..... ▶

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 26

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**LIEUTENANT COLONEL OLIVER JENKINS FOR CONGRESS**

|   |             |                                  |  |  |  |
|---|-------------|----------------------------------|--|--|--|
| <b>A.</b> Full Name (Last, First, Middle Initial)<br><b>Thomas, Joel, , ,</b>   |             |                                  | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>10 19 2016 |  |  |
| Mailing Address 850 Olive St.<br>Suite C  |             |                                  | <b>Transaction ID : SA11AI.5619</b>                      |  |  |
| City<br>Shreveport  | State<br>LA | Zip Code<br>71104                | Amount of Each Receipt this Period<br>500.00             |  |  |
| FEC ID number of contributing federal political committee.<br>C   |             | Memo Item donation               |  |  |  |
| Name of Employer<br>Thomas & Thomas   |             | Occupation<br>CPA                |  |  |  |
| Receipt For: 2016<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>500.00 |  |  |  |
| <b>B.</b> Full Name (Last, First, Middle Initial)<br><b>Thomas, Taylor, G., ,</b>   |             |                                  | Date of Receipt<br>M M / D D / Y Y Y Y Y Y<br>10 19 2016 |  |  |
| Mailing Address 15 Jerusalem Ln   |             |                                  | <b>Transaction ID : SA11AI.5553</b>                      |  |  |
| City<br>Cohasset  | State<br>MA | Zip Code<br>02025                | Amount of Each Receipt this Period<br>250.00             |  |  |
| FEC ID number of contributing federal political committee.<br>C   |             | Memo Item donation               |  |  |  |
| Name of Employer<br>South Shore Capital   |             | Occupation<br>Investor           |  |  |  |
| Receipt For: 2016<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |             | Election Cycle-to-Date<br>250.00 |  |  |  |
| <b>C.</b> Full Name (Last, First, Middle Initial)   |             |                                  | Date of Receipt<br>M M / D D / Y Y Y Y Y Y               |  |  |
| Mailing Address   |             |                                  | Amount of Each Receipt this Period                       |  |  |
| City  | State       | Zip Code                         | Memo Item  |  |  |
| FEC ID number of contributing federal political committee.<br>C   |             |                                  |  |  |  |
| Name of Employer  |             | Occupation                       |  |  |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                 |             | Election Cycle-to-Date           |  |  |  |
| <b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶   |             |                                  | 750.00   |  |  |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶   |             |                                  | 16050.00   |  |  |

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 26

|  |                             |                              |                              |
|--|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

**LIEUTENANT COLONEL OLIVER JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. American Patriot Consulting, LLC**

Mailing Address 2166 Highway 531

City  
MindenState  
LAZip Code  
71055Purpose of Disbursement  
Campaign Ground Consulting

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 03  |   | 2016    |

FEC Identification Number

C

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.5561

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Atkins, Megan, K., ,**Mailing Address 449 E14th St  
11CCity  
New YorkState  
NYZip Code  
10009Purpose of Disbursement  
Fundraising Fee

003

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 05  |   | 2016    |

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.5565

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Bright Head**

Mailing Address 225 Annunciation St.

City  
LafayetteState  
LAZip Code  
70508Purpose of Disbursement  
Messaging Consulting

004

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 06  |   | 2016    |

FEC Identification Number

C

Amount of Each Disbursement this Period

7500.00

Transaction ID : SB17.5566

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

13500.00

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 26

|  |                             |                              |                              |
|--|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

**LIEUTENANT COLONEL OLIVER JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Majority Strategies LLC**Mailing Address 12854 Kenan Dr  
Suite 145City  
JacksonvilleState  
FLZip Code  
32258Purpose of Disbursement  
Digital Advertising

004

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 05  |   | 2016    |

FEC Identification Number

C

Amount of Each Disbursement this Period

5385.79

Transaction ID : SB17.5573

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Nungesser Consulting**

Mailing Address 1554 Lobdell Ave.

City  
Baton RougeState  
LAZip Code  
70806Purpose of Disbursement  
Fundraising expenses

003

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 17  |   | 2016    |

FEC Identification Number

C

Amount of Each Disbursement this Period

562.48

Transaction ID : SB17.5574

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Prime Media Partners**Mailing Address 4201 Wilson Blvd  
#110-126City  
ArlingtonState  
VAZip Code  
22203Purpose of Disbursement  
Media Production

004

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 13  |   | 2016    |

FEC Identification Number

C

Amount of Each Disbursement this Period

10850.00

Transaction ID : SB17.5575

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

16798.27

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 26

|  |                             |                              |                              |
|--|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

**LIEUTENANT COLONEL OLIVER JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Prime Media Partners**Mailing Address 4201 Wilson Blvd  
#110-126City  
ArlingtonState  
VAZip Code  
22203Purpose of Disbursement  
Film shoot

004

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 10  | 17  | 2016    |

FEC Identification Number

C

Amount of Each Disbursement this Period

21500.00

Transaction ID : SB17.5630

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Public Opinion Strategies, LLC**

Mailing Address 214 N. Fayette St

City  
AlexandriaState  
VAZip Code  
22314Purpose of Disbursement  
poll

005

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 10  | 17  | 2016    |

FEC Identification Number

C

Amount of Each Disbursement this Period

8000.00

Transaction ID : SB17.5577

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Strategic Media Inc.**Mailing Address 1911 North Fort Meyer Dr.  
Suite 400City  
ArlingtonState  
VAZip Code  
22209Purpose of Disbursement  
Ad buys

004

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 10  | 03  | 2016    |

FEC Identification Number

C

Amount of Each Disbursement this Period

39283.40

Transaction ID : SB17.5578

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

68783.40

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 26

|  |                             |                              |                              |
|--|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

LIEUTENANT COLONEL OLIVER JENKINS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. Strategic Media Inc.**Mailing Address 1911 North Fort Meyer Dr.  
Suite 400City  
ArlingtonState  
VAZip Code  
22209Purpose of Disbursement  
Ad buys

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 11  |   | 2016    |

FEC Identification Number

C

Amount of Each Disbursement this Period

70961.40

Transaction ID : SB17.5579

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Strategic Media Inc.**Mailing Address 1911 North Fort Meyer Dr.  
Suite 400City  
ArlingtonState  
VAZip Code  
22209Purpose of Disbursement  
Ad buys

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 17  |   | 2016    |

FEC Identification Number

C

Amount of Each Disbursement this Period

72921.40

Transaction ID : SB17.5581

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Stripe**

Mailing Address 3180 18th St.

City  
San FranciscoState  
CAZip Code  
94110Purpose of Disbursement  
online donation fee

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 03  |   | 2016    |

FEC Identification Number

C

Amount of Each Disbursement this Period

0.33

Transaction ID : SB17.5582

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

143883.13

**TOTAL** This Period (last page this line number only).....▶



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 26

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**LIEUTENANT COLONEL OLIVER JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Stripe**

Mailing Address 3180 18th St.

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 03  |   | 2016    |

City  
San FranciscoState  
CAZip Code  
94110Purpose of Disbursement  
online donation fee

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

14.80

Transaction ID : SB17.5588

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Stripe**

Mailing Address 3180 18th St.

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 03  |   | 2016    |

City  
San FranciscoState  
CAZip Code  
94110Purpose of Disbursement  
online donation fee

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

7.55

Transaction ID : SB17.5591

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Stripe**

Mailing Address 3180 18th St.

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 04  |   | 2016    |

City  
San FranciscoState  
CAZip Code  
94110Purpose of Disbursement  
online donation fee

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

7.55

Transaction ID : SB17.5585

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

29.90

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 26

|  |                             |                              |                              |
|--|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

**LIEUTENANT COLONEL OLIVER JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Stripe**

Mailing Address 3180 18th St.

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 04  |   | 2016    |

City  
San FranciscoState  
CAZip Code  
94110Purpose of Disbursement  
online donation fee

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

7.55

Transaction ID : SB17.5593

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Stripe**

Mailing Address 3180 18th St.

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 04  |   | 2016    |

City  
San FranciscoState  
CAZip Code  
94110Purpose of Disbursement  
online donation fee

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

3.20

Transaction ID : SB17.5600

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Stripe**

Mailing Address 3180 18th St.

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 05  |   | 2016    |

City  
San FranciscoState  
CAZip Code  
94110Purpose of Disbursement  
online donation fee

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

1.32

Transaction ID : SB17.5584

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

12.07

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|  |                             |                              |                              |
|--|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

**LIEUTENANT COLONEL OLIVER JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Stripe**

Mailing Address 3180 18th St.

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 10  | 07  | 2016    |

City  
San FranciscoState  
CAZip Code  
94110Purpose of Disbursement  
online donation fee

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

29.30

Transaction ID : SB17.5595

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Stripe**

Mailing Address 3180 18th St.

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 10  | 09  | 2016    |

City  
San FranciscoState  
CAZip Code  
94110Purpose of Disbursement  
online donation fee

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

3.20

Transaction ID : SB17.5599

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Stripe**

Mailing Address 3180 18th St.

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 10  | 10  | 2016    |

City  
San FranciscoState  
CAZip Code  
94110Purpose of Disbursement  
online donation fee

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

3.20

Transaction ID : SB17.5596

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

35.70

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 26

|  |                              |                              |                              |
|--|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

**LIEUTENANT COLONEL OLIVER JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Stripe**

Mailing Address 3180 18th St.

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 10  |   | 2016    |

City  
San FranciscoState  
CAZip Code  
94110Purpose of Disbursement  
online donation fee

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

3.20

Transaction ID : SB17.5598

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Stripe**

Mailing Address 3180 18th St.

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 17  |   | 2016    |

City  
San FranciscoState  
CAZip Code  
94110Purpose of Disbursement  
online donation fee

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

14.80

Transaction ID : SB17.5589

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Stripe**

Mailing Address 3180 18th St.

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 17  |   | 2016    |

City  
San FranciscoState  
CAZip Code  
94110Purpose of Disbursement  
online donation fee

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

29.30

Transaction ID : SB17.5601

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

47.30

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 26

|  |                             |                              |                              |
|--|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

**LIEUTENANT COLONEL OLIVER JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Stripe**

Mailing Address 3180 18th St.

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 10  | 18  | 2016    |

City  
San FranciscoState  
CAZip Code  
94110Purpose of Disbursement  
online donation fee

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

3.20

Transaction ID : SB17.5586

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Stripe**

Mailing Address 3180 18th St.

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 10  | 19  | 2016    |

City  
San FranciscoState  
CAZip Code  
94110Purpose of Disbursement  
online donation fee

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

14.80

Transaction ID : SB17.5587

☐ Memo Item

Full Name (Last, First, Middle Initial)

**c. Stripe**

Mailing Address 3180 18th St.

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 10  | 19  | 2016    |

City  
San FranciscoState  
CAZip Code  
94110Purpose of Disbursement  
online donation fee

003

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

3.20

Transaction ID : SB17.5594

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

21.20

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|  |                             |                              |                              |
|--|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

**LIEUTENANT COLONEL OLIVER JENKINS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Stripe**

Mailing Address 3180 18th St.

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 10  | 19  | 2016    |

City  
San FransicoState  
CAZip Code  
94110

FEC Identification Number

C

Purpose of Disbursement  
online donation fee

003

Candidate Name

Amount of Each Disbursement this Period

7.55

Transaction ID : SB17.5602

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. The Edge Ideas**

Mailing Address 217 Garfield St

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 10  | 05  | 2016    |

City  
LafayetteState  
LAZip Code  
70501

FEC Identification Number

C

Purpose of Disbursement  
Digital Advertising

004

Candidate Name

Amount of Each Disbursement this Period

11000.00

Transaction ID : SB17.5569

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C. Webster United Voters League**

Mailing Address 2166 Highway 531

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 10  | 13  | 2016    |

City  
MindenState  
LAZip Code  
71055

FEC Identification Number

C

Purpose of Disbursement  
Campaign grass roots support

001

Candidate Name

Amount of Each Disbursement this Period

20000.00

Transaction ID : SB17.5567

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....▶

31007.55

**TOTAL** This Period (last page this line number only).....▶

274118.52

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 23 OF 26

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4513

LIEUTENANT COLONEL OLIVER JENKINS FOR CONGRESS

**LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item

JENKINS, OLIVER LTCOL, , ,

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
1026 ERIE ST

City

State

ZIP Code

SHREVEPORT

LA

71106

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

2000.00

0.00

2000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M 02 M

D 08 D

Y 2016 Y

M M

D D

Y N/A Y

0.00

% (apr)

☐ Yes☒ No

## List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

2000.00

**TOTALS** This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 24 OF 26

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4483

LIEUTENANT COLONEL OLIVER JENKINS FOR CONGRESS

**LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item

JENKINS, OLIVER LTCOL, , ,

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
1026 ERIE ST

City

State

ZIP Code

SHREVEPORT

LA

71106

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

98000.00

0.00

98000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M 03 M

D 31 D

Y 2016 Y

M M

D D

Y N/A Y

0.00

% (apr)

☐ Yes☒ No

## List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

98000.00

**TOTALS** This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 25 OF 26

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4556

LIEUTENANT COLONEL OLIVER JENKINS FOR CONGRESS

**LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item

JENKINS, OLIVER LTCOL, , ,

Election: 2016

☒ Primary☐ General☐ Other (specify) ▼Mailing Address  
1026 ERIE ST

City

State

ZIP Code

SHREVEPORT

LA

71106

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

100000.00

0.00

100000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M 06 M

D 27 D

Y 2016 Y

M M

D D

Y N/A Y

0.00

% (apr)

☐ Yes☒ No

## List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

100000.00

**TOTALS** This Period (last page in this line only).....▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 26 OF 26

FOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.5263

LIEUTENANT COLONEL OLIVER JENKINS FOR CONGRESS

**LOAN SOURCE** Full Name (Last, First, Middle Initial)☐ Memo Item

JENKINS, OLIVER LTCOL, , ,

Election: 2016

☐ Primary☒ General☐ Other (specify) ▼Mailing Address  
1026 ERIE ST

City

State

ZIP Code

SHREVEPORT

LA

71106

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

200000.00

0.00

200000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M 09 M

D 30 D

Y 2016 Y

M M

D D

Y N/A Y

0.00

% (apr)

☐ Yes☒ No

## List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

200000.00

**TOTALS** This Period (last page in this line only).....▶

400000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.